

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or Print in Ink.

39

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of
this form with:

The city or county officer, if any, who
receives the committee's original
campaign disclosure statements.

I Committee Information

NAME OF COMMITTEE:

Committee to Elect Elizabeth Romero Rosequist
for City Council

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO AND STREET

510 W. Vine Street

CITY

Lodi

COUNTY:

San Joaquin

STATE

ZIP CODE

CA 95240

MAILING ADDRESS: (IF DIFFERENT) NO AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

(209) 334-0967

Amendment

☒ Check box if an Amendment
and enter I.D. number:

922143

Date qualified as
Committee: (Month, Day, Year)

9-3-92

☐ Check box if not yet qualified

Amendment

STATEMENT OF ORGANIZATION

RECEIVED
AND FILEDOffice of the Secretary of State
of the State of California

SEP 25 1992

FONG EU, Secretary of State

CALIFORNIA
1991 FORM

410

For Official Use Only

RECEIVED

OCT 2 1992

REGISTRAR OF VOTERS
SAN JOAQUIN COUNTY

II Treasurer and Other Principal Officers

NAME OF TREASURER:

Janet Perryman

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☒ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Elizabeth Romero Rosequist, City Council, Lodi, CA

You must complete the Verification on Page 2.

Attach additional information on appropriately labeled continuation sheets.

**Statement of Organization
Recipient Committee**

Type or Print in Ink.

STATEMENT OF ORGANIZATION

CALIFORNIA
1991 FORM **410**

SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

Page 2

NAME OF COMMITTEE:

Committee to Elect Elizabeth Romero Rosenquist

IV Broad Based Committee (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) _____

V Sponsored Committee Is this a sponsored committee? ☐ Yes ☐ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

ADDRESS OF SPONSOR:

NO AND STREET

CITY

STATE

ZIP CODE

VI Primarily Formed Committee If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		CHECK ONE	
		SUPPORT	OPPOSE

VII Committee's Primary Activity If Not Primarily Formed If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VIII Disposition of Surplus Funds You must specify what disposition will be made of surplus funds in the event of termination.

DONATE - Lodi High Foundation

IX Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/15/92 DATE AI Lodi Ct CITY AND STATE

Executed on 9/16/92 DATE AI Lodi Ca CITY AND STATE

Executed on _____ DATE AI _____ CITY AND STATE

Executed on _____ DATE AI _____ CITY AND STATE

By Mark Cerriman SIGNATURE OF TREASURER

By E. J. Rosenquist SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER